Royal Borough of Kensington and Chelsea
Executive Summary

1 INTRODUCTION

1.1.1 In October 2007, the Institute of Public Care (IPC) was commissioned by the Royal Borough of Kensington and Chelsea to assist in the development of an older people’s housing strategy. This report is based on an analysis of the available local information and statistics about older people and housing, and indicates the strategic direction for the Council over the next decade.

1.1.2 The main aims of this research paper, as set out in our brief were to establish whether or not the Royal Borough has “the right profile of accommodation and related services to meet older people’s needs across the continuum of housing, health and social care needs” and whether the existing provision is fit for the future.

2 VISION OF THE FUTURE

2.1.1 Most older people will continue to live in their own homes, in housing that is already built. This means that much of the strategic emphasis from local authorities needs to be on providing the support and adaptations needed to enable older people to live independently in their own homes.

2.1.2 Older people’s aspirations are changing and the model of traditional housing and support for older people will also need to change. Coming generations of older people will be more mobile: although they will want to stay in their own homes as long as possible, they may not wish to remain in the same home. They are likely to be more willing to move in order to downsize, to live in cheaper, more accessible accommodation and to release equity.

2.1.3 The vision of moving to the country to retire looks increasingly less attractive as people who have lived in cities throughout their lives identify poor transport and services as reasons for staying put. However, older people are concerned about security and crime and put safety high on their agenda.

2.1.4 Within the owner occupied sector, some people will want to purchase retirement housing, while others (for example, people in some ex-Right to Buy property) will be looking for shared ownership options. Diversity is needed not just in terms of the type of housing, but also in the forms of tenure. Given that currently about 40% of older people in the Borough are owner occupiers, it is likely that roughly the same tenure balance needs to develop in sheltered and extra care housing.
3 POLICY CONTEXT

3.1.1 The government’s policy response to demographic pressures as captured by *Transforming Social Care* is to promote personalisation of services alongside promoting greater efficiencies and a stronger emphasis on preventative interventions. Although not overtly stated it is also clear that people will increasingly be expected to contribute more to the costs of their own accommodation and care as they grow older. It is assumed that assistive technology will have an important part to play in supporting people to live in the community, alongside a range of provision designed to support people at home for as long as possible.

3.1.2 The key policies relating to older people, housing and support which will contribute to achieving this goal may be summarised in terms of:

- Personalisation; reflected in user focussed services and greater user choice
- Sustained preventative strategies aimed at supporting independence and achieved partly through developments in technology
- Better informed commissioning through joint strategic needs assessment involving closer working between housing, health and social care services
- Innovation and diversity in service provision, including increased provision of extra care housing
- Recognition of, and support for the role of the voluntary and community sector
- A focus on outcomes that requires careful thinking about service objectives and what clients want
- Reducing inequalities and improving access to services across tenures and communities.

3.1.3 The Royal Borough has set out a vision for later life where older people ‘stay in their own homes whenever possible and are provided with a range of accessible, high quality social care services to enable them to do so’ and ‘have a range of options for more supported living if they can no longer continue to live at home with help’ (*A Bright Future for Us All, An Older People’s Strategy for Kensington and Chelsea 2007-2017*). This vision, jointly produced by the Local Authority and the Primary Care Trust, identifies the development of a wider range of housing for older people and more services to support them at home and reduce social isolation as priorities.

3.1.4 There is a need to ensure that there is an overarching strategy to pull together the various local strategic documents and ensure that it is kept up to date as the context changes. In addition, it is important to ensure that the objectives relating to older people’s housing permeates other departments, for example, planning and building development, transport and leisure.

4 CURRENT AND FUTURE POPULATION
4.1.1 There are wide variations between the Office of National Statistics and the Greater London Authority’s (GLA) population projections and outside the context of this piece of work there is a need for these differences to be reconciled into one consistent approach.

4.1.2 We were asked and have used the GLA’s high estimate projections in most instances in the report. This shows that the population of people aged 65 and above is projected to increase by 10.6% and the population of people aged 85 and above is projected to increase by 10.8% between 2008 and 2025 in Kensington and Chelsea. Although older women outnumber older men, the percentage increase in older men is the most significant. This will mean an increase in the number of older couples.

4.1.3 The older black and minority ethnic population will increase from 13 to 16% of the total older population in the borough between 2008 and 2025 although it is a smaller proportion of the oldest old population.

4.1.4 Older people are most numerous in the relatively affluent south of the borough. However, older people in poverty in the north are likely to have the most call on support and care services. Services need to be tailored to the needs of these different populations.

4.1.5 There is little detailed information on the migration of older people in Kensington and Chelsea, but increasingly it looks as if little outward migration is desired. Discussions with older people indicate that they value the good transport, social and other facilities in the borough.

4.1.6 In order to achieve a mixed economy of provision of housing and support for older people and to facilitate cross-subsidising provision for older people, it will be important to retain affluent older people in the borough by ensuring that there is housing and support that meets their needs.

4.1.7 The proportion of pensioner households living in social and privately rented housing in Kensington and Chelsea is significantly higher than both the Greater London and the national average.

5 VULNERABLE OLDER PEOPLE

5.1.1 An increase of 261 older people with dementia in the borough between 2008 and 2025 is projected. The borough will need to plan how it will accommodate and care for these people. The role of extra care housing in relation to dementia needs to be carefully considered.
5.1.2 Projections for severe depression among older people vary between 593 and 989 in 2008. Health and social care services will need to think about how to tackle non-cognitive mental health issues among older people.

5.1.3 The numbers of people unable to manage a self-care activity provides a base-line indicator of those who may require some level of formal or informal support or care. For example, 30% of people aged 85 and above need help climbing stairs (equivalent to 820 people in Kensington and Chelsea in 2008) and 24% of people aged 85 (equivalent to 656 people) and above need help with bathing.

5.1.4 There are a relatively low number of informal carers in the borough reflecting the high number of lone pensioner households.

6 CURRENT ACCOMMODATION

6.1.1 In 2001, more than half (51%) of people aged 65 and over in Kensington and Chelsea with a long-term limiting illness lived above ground floor level. It is not known how many of these properties are accessible, but it can be assumed that most older properties will not be.

6.1.2 17.9% of pensioners living alone in the borough have no central heating; and 14.7% of all people aged 65 and over have no central heating, compared with 11.6% in England and Wales.

6.1.3 There are 1,186 units of sheltered housing in Kensington and Chelsea, mostly in the north and south of the borough with little in the four central wards. There are a number of bedsits, few properties are wheelchair accessible and few have two bedrooms. There is also little sheltered or extra care housing for market rent, sale or shared ownership.

6.1.4 There are three extra care housing schemes which are all for social rent in the north of the borough but none in the south and none for sale or shared ownership.

7 HOUSING SUPPORT SERVICES

7.1.1 Support to older people who are not in social housing is limited to the Community Alarm Service, Assistive Technology and Staying Put. It is not clear what impact these services actually have on people's ability to stay in the community.

7.1.2 Preventive technology is developing slowly; the provision of floating support is relatively limited and there is limited independent advice and information on practical and financial available to older people across tenures.
8 POLICY OPTIONS AND RECOMMENDATIONS

8.1.1 The policy options and recommendations are set out below:

- There is a need to ensure that there is one overarching strategy which pulls together the various local strategic documents and that this is then regularly updated as policy and priorities change.

- This strategy should then be widely communicated across the council and permeate departments other than social care and housing, for example, planning and building development, transport and leisure to create not just homes for life but lifetime neighbourhoods. There is a need to ensure that supplementary planning guidance reflects the future requirements for the strategy.

- There is a need to adopt a consistent policy on the use of GLA and ONS data for strategic planning across the Borough.

- Although the proportion of older population from BME groups is not projected to increase significantly, there is a need to ensure that the range of housing and support available meets the needs of the borough’s diverse populations and that services are equally accessible to all communities.

- There is a need to explore and extend models of equity release, and other approaches, to helping people on low incomes maintain their homes, for example, placing a charge on their property to be recovered when the property is sold.

- It is important to identify older carers providing large amounts of care to ensure that they are receiving support, and to avoid a crisis admission to a care home or hospital of the person receiving care.

- More information is needed about the numbers and needs of the small but growing number of older people with complex needs, for example, homeless older people.

- The needs of the large number of older people living above ground floor level must be considered in relation to the maintenance and installation of lifts or transfers to accessible accommodation, if these people are not to become isolated.

- More help is needed to improve the fuel efficiency of older people’s homes across tenures targeted on the most vulnerable.

- The development of a Housing Options Service to help and support vulnerable older people who are considering moving should be considered. Older people need practical and financial advice to help them make decisions about where they live. This should extend beyond the typical ‘one stop shop’ approach to providing information just about local authority services.
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- There is a need for a more coordinated approach to housing support services, (such as Staying Put and assistive technology) and effective targeting across tenures to enable the most vulnerable to continue independent living. This could be achieved through a single assessment process for all services, linked also to the Falls Service.

- Further development of the handyperson service, including preventive work, such as home safety checks and remedial services for vulnerable older people across tenures should be investigated.

- Co-ordination and joint working with the PCT on developing approaches to support the prevention agenda in relation to carers, intermediate care and other areas, may release additional funds.

- Awareness of housing support services, such as the Community Alarm Service, needs to be raised across tenures. Promotion of the housing and support available from sheltered housing to housing advice and assistive technology is needed.

- The borough should ensure that its planning policies apply the London Plan’s recommendations that planning policies should ensure that all new housing is built to Lifetime Homes standards, as a minimum standard to age-proof new housing.

- A more flexible and pro-active approach by planning should be taken to encourage the development of mixed tenure, sheltered and extra care housing. By classifying Extra Care housing as C2, the borough would not be required to provide an affordable housing requirement. This could attract and encourage private sector provision and lead to the creation of wider choice for older people.

- There is a need to review the fitness of the sheltered housing stock for future needs, in terms of its size, number of bedrooms, and wheelchair accessibility, as there appear to be a large number of bedsits and little provision for the likely increase in older couples. The review needs to establish which schemes are already suitable as homes for life, which could be adapted within a reasonable cost, and which are not amenable to adaptation within cost limits. Given the shortage of land for building the development of sheltered housing needs to be a priority.

- Once fitness for purpose has been established, sheltered housing schemes should be classified as housing for older people which can continue as a home for life where people can remain as their need for support and care increases.

- An assessment of support needs as part of the allocation process to sheltered housing will improve targeting. Effectively support could be decoupled from schemes with the availability of a menu of support and care to those residents who are assessed as needing support and care. This will aim to free staff time to provide outreach support to older people in the local community.

- The borough should seek actively to promote a mixed tenure extra care housing scheme in the south of the borough. In the longer term, a target of 30-40% of extra care housing for sale or shared ownership would be appropriate to reflect the existing tenure mix in the borough.
• There is a need to develop an agreed Extra Care standard for Housing and Social Care. The Extra Care Housing Toolkit (available at www.cat.csip.org.uk/housing) provides guidance on minimum standards in terms of design and the quality of care which may assist the development of a local standard.

• Further work is needed to identify future capital and revenue funding for the development of extra care schemes. There will be increasing competition for the central government funding that is available, although this is increasing in the short-term.

• There is a need to ensure fair access to floating support across the borough and across tenures.

• Floating support could be linked to the reconfiguration of service provision in sheltered housing, with sheltered schemes providing hubs for floating support and a menu of different levels of support available according to need.

• Opportunities to provide floating support in the private sector may exist although there could be tough competition with existing private sector providers.

• Maintaining and developing day opportunities for older people living alone will protect against isolation and depression.

• There is a need for more understanding about the role of the voluntary sector in providing a broad range of preventive services to older people.

9 CONCLUSION

9.1.1 In conclusion, in order to meet its strategic objectives and provide greater choice and independence for older people, Kensington and Chelsea needs to concentrate on three key areas:

• Improve the targeting of services on the most vulnerable older people.
• Raise awareness of available services across all tenures.
• Develop a more mixed economy of housing with support and care by reviewing the sheltered housing stock and developing extra care housing schemes which include housing for sale and shared ownership.